

**VIRGINIA WEATHERIZATION PROGRAM
MOBILE HOME COMPLETION INDIVIDUAL CHECKLIST**

Agency:	Job #: _____ Date:
Client Name:	Inspector(s):
Blower Door Readings Volume: _____ Target: _____ MVR:	Pre-Test: _____ CEM₅₀ at 50 Pa/.20 WC Post-Test: _____ CEM₅₀ at 50 Pa/.20 WC

INDICATE WHETHER WORK PERFORMED MEETS INSTALLATION STANDARDS. WHERE WORK DOES NOT MEET STANDARDS, NOTE CORRECTIONS TO BE MADE OR REASON WHY STANDARD CANNOT BE MET. UNIT MUST BE RE-INSPECTED AFTER ANY REWORK IS PERFORMED.

I. Heating/Cooling System Inspection and Repair

Fuel Supply: Unit 1_____ Unit 2_____ Unit 3_____

Power Supply: Unit 1_____ Unit 2_____ Unit 3_____

Roof Jack Condition: Unit 1_____ Unit 2_____ Unit 3_____

Adequate Combustion Air: Unit 1_____ Unit 2_____ Unit 3_____

Draft Reading: Unit 1_____ Unit 2_____ Unit 3_____

Carbon Monoxide Reading: Flue Gas Unit 1_____ Unit 2_____ Unit 3_____

Ambient _____

CAZ Test Reading: Unit 1_____ Unit 2_____ Unit 3_____

Venting: Unit 1_____ Unit 2_____ Unit 3_____

Heat Exchanger Condition: Unit 1_____ Unit 2_____ Unit 3_____

Clearance From Combustibles: Unit 1_____ Unit 2_____ Unit 3_____

Safety Controls: Unit 1_____ Unit 2_____ Unit 3_____

Unvented Space Heater(s) Present? ___ Yes ___ No **Gas Cook Range Present?** ___ Yes ___ No

Forced Air Distribution System Present? ___ Yes ___ No **If Yes, sealed?** _____

(Attach pressure pan readings.)

II. Seal Major Air Leaks: _____

III. Repair/Insulate Floor: _____

IV. Insulate Domestic Water Heater: _____

Clothes Dryer vented/dampened to outside? ___ Yes ___ No ___ N/A

All exhaust fans vented/dampened to outside? ___ Yes ___ No ___ N/A

REWORKS: